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CLINICS.

CLINICAL LECTURES.

Clinical Lectures on Rheumatism.—Delivered at St. George's Hospital. By HENRY Wm. FULLER, M.D., Physician to the Hospital.

GENTLEMEN: Within the last few months several cases of acute rheumatism have been admitted into the hospital, presenting features of peculiar interest, and I feel that we cannot occupy our time to-day more profitably than by recalling the symptoms by which the different varieties were marked, and discussing certain points relative to their pathology and treatment.

The first case which I propose selecting as a text for my remarks, is that of E. H—, aged twenty, who was admitted into the Holland ward on the 7th of March. Five days prior to admission she had been attacked by shivering, followed by pain, redness, and inflammatory swelling of several of the larger joints. She was placed at once

under medical treatment, but did not obtain the slightest relief, and at the date of her admission into the hospital, the pain and inflammation in the joints were more acute than even at the commencement of her illness.

When I first saw her she had not slept for five nights; her countenance was expressive of great suffering; the skin was intensely hot and dry; the feet, ankles, hands, and wrists, were all red, swollen, and exquisitely painful, the swelling being principally external to the joints; the catamenia were reported regular, and the bowels costive; the tongue was red and coated; the urine high coloured, almost clear, acid, and highly albuminous, specific gravity 1033; pulse 124, of good strength; the heart's action was regular, and its sounds were clear. I prescribed beef tea as her diet, and gave her the following draught every four hours: Bicarbonate of potash, a drachm and a half; acetate of potash, half a drachm; nitrate of potash, one scruple; in a two

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ounce draught of acetate of ammonia, to be taken in a state of effervescence, with one scruple of citric acid. A pill composed of calomel, three grains; opium, half a grain; potassio-tartrate of antimony, half a grain, at bedtime; and a senna draught, containing half an ounce of potassio-tartrate of soda, the following morning.

She passed a restless night, and the next day was in much the same state as on admission, except that the skin was perspiring freely. The urine was still acid, and the bowels had not been freely moved. The mixture, therefore, was repeated, and the following pill prescribed: Calomel, compound colocynth pill, of each five grains; to be made into two pills, and taken at bedtime.

On the following day (the 9th) the bowels acted freely, the pains were much relieved and she was sweating profusely.

On the 10th I find a note by my clinical assistant: "Has slept well; pains almost gone; bowels relieved; urine alkaline, scarcely albuminous; heart's sounds clear." Repeat the draught every six hours. Ten grains of compound ipecacuanha powder at night.

On the following day, as the urine continued alkaline, the draught was given twice only in the twenty-four hours, and on the 13th, I find a further note: "Is up and dressed to-day; states that she is hungry; pulse 76, soft; urine abundant, pale, clear, alkaline, no longer albuminous, specific gravity 1015." From this time she was convalescent. The cinchona draught, with the addition of one scruple of bicarbonate of potash, was given three times a day, and a more generous diet was permitted; so that by the 21st she was taking the "ordinary diet" of the hospital. On the 26th she left the hospital, having been some days free from rheumatism.

Now, there are several points, gentlemen, in relation to this case to which I would direct your attention. You are aware that in all cases of disease, and especially in those which are connected with a morbid condition of the blood, one of our principal objects ought to be the promotion of a free action of the excretory organs. These are the channels through which all effete and morbid matters are thrown out of the system; and if we cannot check the formation of such matters, it is only by means of the excretory organs that we can hope to rid

the system of their presence, and so put an end to the sufferings of our patient. In this particular instance two of these channels were altogether obstructed. The skin was dry; the bowels were costive. My first efforts therefore had to be directed against this unfavourable condition of the excretory organs. There could not be a doubt as to the necessity for a purge, but it did admit of a question as to how a free diaphoresis should be induced. Venesection would probably effect the object, but it would weaken the patient and retard recovery. A vapour-bath might also accomplish the purpose; but not unfrequently when there is much febrile and vascular excitement, this agent fails to produce free cutaneous action, and even if it does give rise to perspiration, the action so induced is apt not to continue. Further, dryness of the skin appears in some instances to depend upon the vascular tension resulting from a loaded, inactive condition of the excretory organs; and as this may be relieved by brisk purging, I determined to try the effect of this treatment, aided by a full dose of tartarized antimony. The result was just what I had anticipated. As soon as the bowels had been unloaded and the vessels relieved by an abundant watery flux from the intestines, a copious perspiration broke out, and rendered further interference with the skin's action unnecessary. You will have noted the same fact in several other cases under my care, and it is an important practical point for your consideration.

The amount and character of the remedies prescribed, and the form in which they were administered, are other points deserving of attention. You will have observed that whenever I have to deal with a case of acute rheumatism, my aim is to induce alkalinity of the urine as speedily as possible. Experience has shown me that as soon as a full alkaline action has been induced, as indicated by alkalescence of the urine, the heart is safe, and no fear need be entertained of its suffering from the irritation of the rheumatic poison. In no single instance has a patient of mine been attacked with endocarditis or pericarditis after the urine has shown an alkaline reaction. But in a case of acute rheumatism in which febrile action runs high, and the urine is loaded with lithates, it is not an easy matter to induce alkalinity of the urine. Alkalies may be given in moderate quantities without

producing the slightest apparent effect on the urine, without in any degree modifying the general symptoms of the disease, and without affording the slightest protection to the heart. In this instance, as in other cases, half measures are useless, or worse than useless; they fail to effect the object in view and yet suffice to lull the patient and his medical attendant into a false and unwarrantable security. To be of any service, alkalies must be rapidly pressed to the fulfilment of the object for which their administration is had recourse to. They must be given in doses proportioned to the intensity of the mischief they have to remedy, and must be repeated as frequently as occasion may require. Ordinarily I find that two drachms of some alkaline carbonate or its salts, if repeated every three or four hours, will suffice to induce alkalinity of the urine within twenty-four hours, and this, therefore, as in the case of E. H—, is the dose with which I generally begin, taking care to add a few grains of citric acid, with a view to induce effervescence, and render the medicine less unpalatable. Sometimes, notwithstanding these full doses of alkali, the urine will remain acid for thirty-six or forty-eight hours; but this is only in very aggravated cases, and when the bowels are costive, and it must be regarded as an exception rather than as the rule.

When once alkalinity of the urine has been induced, the dose of the alkali should be greatly diminished, and this may be accomplished either by reducing the quantity of the salt in each dose which is administered, or by giving the original medicine at longer intervals. Ordinarily I adopt the latter plan, inasmuch as it answers just as well as the former, and causes less annoyance to the patient. Thus in the case of E. H—, the remedies, which were prescribed every four hours on the patient's admission into the hospital, were repeated every six hours on the 10th of March, and on the following day, as the urine still continued alkaline, were given only twice in twenty-four hours.

Another point to which I would call your attention is the early administration of bark. This feature of the treatment is not peculiar to the case of E. H—. You will have remarked it in almost every instance in which I have had to treat rheumatic fever, and I think you will admit that the result is satis-

factory. The indications for its administration are, the condition of the urine, the state of the skin, and the character of the pulse. When, as in the case of E. H—, the urine is alkaline, and has remained so two or three days, notwithstanding the great decrease in the quantity of alkali exhibited, and when at the same time the skin, though warm, and possibly perspiring, is no longer hot as during the full febrile stage of acute rheumatism, and when, further, the pulse, though still more frequent than natural, has lost its force and fullness, then, notwithstanding the furring of the tongue, the administration of cinchona will prove serviceable. If, under the circumstances just named, the tongue remains much furred, the probability is that active purging will be required; but the exhibition of bark will not thereby be contra-indicated. You have seen this fact exemplified so often, and have so frequently had your attention directed to it, that I feel almost ashamed of alluding to it again; but it is a point on which erroneous views are commonly entertained, and therefore it cannot be too earnestly or too repeatedly pressed upon your notice. The bark effects a double object. It sustains the patient's strength without heating or exciting him, and it appears in some way to modify the morbid actions whereby the continued formation of the rheumatic poison is brought about. At an earlier stage of the attack it seems to increase the general derangement, and acts prejudicially; but when the patient has been five or six days under treatment, and the results above prescribed have been produced, I have seldom seen it otherwise than beneficial. The only precautions necessary will be found to be, that throughout the period of its administration a full action of the bowels should be secured daily: and that until the tongue has thoroughly cleaned, and the pains subsided, sufficient alkali should be given with it to keep the urine slightly alkaline.

The preservative influence of alkalies over the heart was first pointed out in my work on Rheumatism: but at the time when the first edition of that work was published, I scarcely dared anticipate the marvellous success which extended observation has proved to attend their administration. I then stated that they exercised a sedative influence over the heart, and prevented the extension of inflammation to it: but the facts which I had then collected were not

sufficiently numerous to enable me to affirm, as I now do with perfect confidence, that, if duly administered, alkalies will entirely prevent the access of cardiac mischief. You are all aware that they have protected the heart from attack in every case which has come under my care, in the wards during the period of your studentship; but you are not probably aware that the same immunity has been observed in the cases under my charge ever since I was appointed physician to the hospital. No patient of mine whose heart on admission was free from mischief has left the hospital with that organ damaged. Our resident medical officers and our successive medical registrars can all bear testimony to this fact, and its importance can scarcely be over estimated. When one considers the vast amount of suffering entailed by rheumatic affections of the heart—when one looks around our wards and finds them filled with patients suffering from palpitation, asthma, and dropsy, resulting from disease of the central organ of the circulation—disease which originated, perhaps years ago, in an attack of acute rheumatism,—I say, when one reflects on these facts, one cannot feel too grateful to Almighty God for having placed in our hands the means of preventing so much suffering, and of preserving thousands from a premature grave. Let me briefly refer to the statistics of the subject, and you will then become aware how great is the value of this power of preventing the accession of cardiac disease. The statistics which I will lay before you are recorded in my work on Rheumatism and Rheumatic Gout, and relate to cases which occurred in St. George's Hospital during the period of my registrarship, and before the employment of the full alkaline treatment: From the 1st of January, 1845, to the 1st of May, 1848, there were admitted into the hospital, under the care of the then physicians, 246 cases of acute rheumatism; and amongst these there occurred 12 instances of pericarditis alone, 27 instances of endo-pericarditis, and 75 cases of endo-carditis alone; in other words the heart was damaged to a greater or less extent, as the result of the attack for which they were admitted, in no less than 114 patients, or in 1 out of every 2.1 cases; its pericardial covering being the seat of inflammation in 1 out of every 6.3 cases, and the endocardial membrane covering its valves in as many as 1 out of every

2.2 cases.¹ Nor are the results of our experience at St. George's inconsistent with those of other observers. Dr. Latham at St. Bartholomew's, and Drs. Basham, Wm. Budd, Taylor, and others, have arrived at nearly the same conclusions; so that you may regard the fact as admitted, that under ordinary circumstances the heart is damaged to a greater or less extent in at least one-third of all cases of acute rheumatism. Contrast this fact with that which I just now brought before you—namely, that by the judicious employment of alkalies this cardiac affection may be almost wholly if not entirely prevented, and you will then be in a position to judge of the vast importance of this discovery. No step in advance at all equal to it has been made of late years in practical medicine; no change of treatment of any disease can be pointed to which will bear comparison with it in its effect of warding off human suffering and obviating the tendency to untimely death.

I am the more anxious to impress this fact upon your minds because as yet it is not generally known or appreciated by the profession, and you will often hear it denied or called in question by those who have not employed the alkalies in the doses and in the manner I have pointed out, and who, consequently, are ignorant of the marvellous influence, which, when thus administered, they exert over the disease. Some will tell you that this immunity of the heart from attack, which I attribute to the effect of the alkalies, is merely apparent—the result of fortuitous circumstances, and that a more extended series of cases from which a proper average could be deduced would show an average amount of heart affection. But, gentlemen, that is not so. My experience now extends to 194 cases, and in no single instance has any heart-affection occurred after the patient has been under treatment twenty-four hours. It is ridiculous to state that such a series of cases does not afford conclusive evidence on the subject, when the recorded observations of the profession show that, under ordinary treatment, some heart affection occurs in one out of every two or three cases. No more decisive evidence can be adduced of any fact within the range of medicine! Neverthe-

¹ For further statistics on rheumatic affection of the heart, see Dr. Fuller's work "On Rheumatism, Rheumatic Gout, and Sciatica," third edition, pp. 257—284.

less, vague and careless statements to the contrary are often hazarded by those who have either not made trial of the alkalies at all, or have administered them in small and inefficient doses; and I would, therefore, urge you to avail yourselves of your present opportunity of verifying my statement, and noting the effect of my treatment at the bedside. Thus when your career at the hospital is ended, and you pass on to the responsibilities of practice, you will feel infinite satisfaction at knowing that there is at least one disease which you can control, and through which, though ordinarily pregnant with danger, you can conduct your patient in perfect safety, and without feeling the least anxiety yourself.

There is yet another point in relation to the case of E. H—, to which I would specially direct your attention. I refer to the albuminous condition of the urine. On her admission into the hospital, the urine was extremely albuminous, becoming almost solid in the test-tube on the addition of nitric acid, and its specific gravity was 1033. After she had been three days under treatment, my clinical assistant reported that it was alkaline and scarcely albuminous, and on the sixth day it was "abundant, pale, clear, alkaline, no longer albuminous, and its specific gravity 1015." Here, then, we have evidence of an albuminous condition of the urine due to renal irritation and congestion caused by the action of the rheumatic poison—an occurrence not *a priori* improbable, but one nevertheless not commonly met with. I wish you to note the fact, and bear it constantly in mind; as, if you are not alive to the possibility of such an occurrence, and you chance to discover a large amount of albumen in the urine, you may jump to a wrong conclusion respecting the nature of your patient's malady. In several instances within my own knowledge in which albumen has been discovered in the urine at one or two examinations under these or similar circumstances, patients have been told by their medical attendants that their kidneys were diseased, when in truth these organs were perfectly sound, though for the time functionally deranged. A few years since Dr. Parkes undertook an investigation into the state of the urine of patients admitted into the University College Hospital suffering from a variety of severe disorders; and in the *Medical Times* and

Gazette for 1859, where he has recorded the results of his observations, he tells us that albumen makes its appearance in the urine for a longer or shorter period in a large proportion of all acute disorders. My own experience leads me to indorse this statement, and to warn you against being misled by the existence of albumen in the urine at one or two examinations, more especially when febrile action is going on in the system, and the specific gravity of the urine is high. Such a condition of urine is by no means uncommon under the circumstances named in persons whose kidneys are organically sound. But in no class of patients will you see the fact exemplified more strongly than in those who are suffering from acute rheumatism, and in none certainly would you be more likely to be misled if you were unaware of the possibility of such an occurrence. In the case of E. H—, which we are now discussing, the amount of albumen was very considerable; and in a case which occurred in University College Hospital, and which is recorded by Dr. John Taylor in the twenty-eighth volume of the *Medico-Chirurgical Transactions*, "the urine was not albuminous in the patient on admission, but in a short time it became so highly charged with this principle as to assume a solid form when heated, and its specific gravity at the same time amounted to 1050. After a few days more, no trace of albumen remained, and the urine had assumed its ordinary appearance and density." Remember, then, that the presence of albumen in the urine during the course of acute rheumatism is not necessarily indicative of organic disease of the kidneys; that it may be, and, if the specific gravity of the urine is high, it probably is, due to temporary congestion of the kidneys; that no special treatment is ordinarily needed for its relief, but that alkalies by getting rid of the *matres morbi*, and thus removing the cause of local irritation and congestion, will usually suffice to rid the patient of its presence in the course of a few days. Nevertheless, in any case in which the skin is dry a vapour or a hot-air bath should be resorted to; and if the urine contains blood and gives evidence of intense renal congestion, the aid of dry cupping on the loins may be invoked with the view of more rapidly subduing the mischief.

(To be continued.)

HOSPITAL NOTES AND GLEANINGS.

Employment of Telegraph Sutures in closing Wounds.—Mr. CLOVER has introduced a new form of suture, which appears to possess many advantages over those ordinarily employed, whether of silk, thread, or metal. It consists in the adoption of a very fine copper wire covered with gutta-percha—in fact, a minute telegraphic wire, and therefore receiving the name of “telegraph sutures.” We have seen them used in a number of cases at University College Hospital, wherein Mr. Clover was himself allowed to apply them, because, as we heard Mr. Erichsen remark, it was but fair to allow the inventor to show the application of his own invention.

One of the first cases which came under our notice was one in which Mr. Erichsen removed a tumour the size of an orange from the right parotid region of an elderly man on the 22d of October last. The growth, although movable, was situated in a region requiring care to excise it, for it lay between the angle of the jaw and mastoid process, and did not dip behind the former. The tumour proved rather hard on making a section, and was fibro-nucleated in character—a form that is considered to be somewhat rare. The incision used was J shaped, and this was closed with a fine telegraph wire, in the continuous or Glover’s suture, by Mr. Clover; a small portion being left open to permit of the drain of secretion.

On the 17th inst. the edges of a double hare-lip in an infant were pared by Mr. Erichsen, and evenly brought together by deep interrupted telegraph sutures by Mr. Clover. These, the former gentleman remarked, leave no scar—nothing at all like the hare-lip pin. He further stated that he had used them on the face of a gentleman from whom he had removed a tumour ten days previously, and no cicatrix was visible. He had also employed them in other cases. The silver wire, he observed, has the disadvantage of being very rigid, and does not tie well. The telegraph wire, on the contrary, is quite soft, and forms a knot like ordinary silk thread; it can be cut like silk, and be as readily taken out; it can, moreover, be used with a fine sewing needle.—*Lancet*, Dec. 22, 1862.

Neuroma of the Sole of the Foot ultimately treated by Pirogoff’s Operation.—The

patient was a man thirty-three years of age, who had been an inmate of St. Bartholomew’s Hospital under the care of the late Mr. Stanley in June, 1861. Three years before that Mr. Stanley removed a tumour from the sole of the foot, which had been the source of constant pain ever since he was a youth. This was found to involve the internal plantar nerve, and no doubt was neuromatous, although the tumour was somewhat erectile in character. He remained quite well and free from pain for a year, when another tumour began to form and the old pain returned, and thus it continued for two years. On the 22d of June, 1861, Mr. Stanley made an incision on either side of the tumour, and wholly removed it, together with a portion of skin. It was about the size of an elongated pigeon’s egg, and seemed to be fibrous in structure.

The disease subsequently returned, and the man was such a sufferer that the anterior part of the foot was removed by Pirogoff’s operation by Mr. Paget on the 10th of August following. As on a previous occasion, he was very obstreperous whilst taking chloroform. A large fungous granulation had sprung up in the site of the old wound.

June 15th, 1862.—We learn that this case did uncommonly well; the bone of the heel firmly united to the tibia, and a good and useful limb was obtained for progression. He had been seen by Mr. Paget very lately. That gentleman has also had an equally good and successful case of Pirogoff’s operation since the foregoing.—*Lancet*, Dec. 27, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Breech of a Gun imbedded in the Bones of the Face for Eight Years.—The *Boston Med. and Surg. Journ.*, Jan. 15, 1863, contains an account by Dr. J. N. FRASER, of a case in which he removed from the face the breech of a gun which had remained imbedded in the part for eight years. The patient recovered.

Army Medical Society.—A society with this title has been established at Washington. This society “owes its origin to the far-sighted and thoughtful suggestiveness

of the General Secretary (of the U. S. Sanitary Commission), who, at an early day, invited the Surgeon-General and the other surgeons on duty in the District, to meet the members of the Commission, at these rooms, for friendly conference upon the matters of common interest connected with the administration of the General Hospitals. The meetings have been fully attended, and the result has been the formation of a permanent society, which, with a very simple organization, takes cognizance of all matters relating to the hygiene, the administration of military hospitals, and the care of their inmates. The active members comprise the Surgical Staff within the District, and some of the officers of the Commission: but it affiliates to itself, as associates, all the Surgeons of the Army and Navy, and all the Medical members of the Commission, inviting them all to contribute to its stores of knowledge, and inviting them to partake freely of its benefits."

The Surgeon-General, Dr. Hammond, is the president of the society.

Lectures on Insanity.—Dr. JOHN E. TYLER, the medical superintendent of the M'Lean Asylum, delivers this winter, to the class of Harvard University, a course of lectures on insanity.

American Journal of Ophthalmology.—Dr. JULIUS HONEBERGER, of New York, has had the courage to commence the publication of a bi-monthly journal devoted to ophthalmology. Three numbers have already appeared. They contain much useful information, almost entirely derived, however, from foreign sources. We trust the editor will be rewarded for his enterprise.

FOREIGN INTELLIGENCE.

Apiol, a Substitute for Quinine.—MM. JORET and HOMOLLE have presented to the Society of Pharmacy at Paris a new remedy, to which they have given the name apiol, and which they claim to have the medicinal properties of Peruvian bark. The new product is obtained from common parsley seeds, the mode of preparation of which they have appended to their report.

Antidote to Strychnia.—M. KURZAK, in the *Journal de Chimie Médicale*, concludes from his experiments that if administered

in time, tannin is an excellent antidote for this subtle poison. It is necessary to give twenty or twenty-five times as much of the antidote as of the poison; and in actual cases of poisoning, it would be prudent to give much more. Infusion of galls may also be given with advantage. An infusion of black tea even is efficacious, if the dose of strychnia taken be small; coffee has the same property, but in a less degree. The author also recommends acorns, chestnut bark, willow bark, tormentilla root, and the root of the carnation, as applicable to the same purpose, from their richness in tannin.

Ovariectomy in London.—Ovariectomy seems to be prevailing epidemically in London. The number of the *Lancet* for Dec. 20th last, contains notices of 75 cases of this operation. Of these, 43 are said to have recovered and 26 were fatal; in three cases the operation was commenced but not completed, and in 3 an exploratory incision was made in aid of diagnosis, in one with a fatal result.

In connection with this subject we must not omit to notice the modesty of the Editor of the *Lancet*, who, in an editorial in the number just quoted, claims Ovariectomy as a triumph of British Surgery! He observes: "This noble operation—for the saving of 50 per cent. of poor creatures from absolutely impending death surely deserves the epithet—is essentially a triumph of British Surgery."

Chemistry of Opium.—Prof. T. ANDERSON, of Glasgow, enumerates nine well determined substances obtained from opium: morphine, codeine, papaverine, narcotine, thebaine, narceine, meconine, meconic acid, and theobolactic acid; besides three doubtful—pseudo-morphine, porphyroxine, and opianine. Professor Anderson commenced the study of this subject in 1850, and has communicated the results of his experiments in a valuable memoir in the *Journal of the Chemical Society*.

Casalpinia Bonducella.—The Société d'Acclimatization has introduced into France the seeds of the *Casalpinia Bonducella* or Natha plant, which according to their correspondent, Mr. Hayes, is much used in India as a specific for intermittent fever. The plant is a small creeper producing a

nut, the kernel of which is extremely bitter, and is said to possess in an eminent degree the qualities of Cinchona bark, being also slightly aperient. The mode of employing it is to reduce one of the seeds with three or four peppercorns to a paste to be taken three or four times a day, with "cheretah-tea" (*Gentiana chirayta*.) Native physicians employ the *Natha* as a tonic in a powder, mixed with spices and castor-oil. Externally the seed is applied to cases of hydrocele. At Amboyna, it is used as a vermifuge, and the roots as a tonic in dyspepsia. In Cochin-China it is used as a deobstruent, and the oil extracted from the leaves is considered to be useful in paralysis. It is proposed to cultivate the plant in Algeria and the south of France, and thus place in the hands of the physician a cheap and powerful substitute for the Cinchona bark.

Smallpox in London. Trial of Sarracenia Purpurea—its entire failure.—It is stated (*Med. Times and Gazette*, Dec. 20, 1862) that there was a rather serious outburst of smallpox at the West End of London in November last. It began in a boy of seven, living at Lloyd's place, Brompton, who was removed to St. George's Hospital, in an early stage of the disease, under the idea that he was suffering from "fever." When the eruption manifested itself it was determined to keep him in the hospital in a private room in order to try the effect of the *sarracenia purpurea*. This remedy unluckily did not produce the effects expected; and, whilst it was on trial, four patients, who were in the hospital for other diseases, and one student, became ill of the smallpox. The patients were at once transferred to the Smallpox Hospital. About the same time, twelve other cases of smallpox occurred in the lower part of Belgravia amongst the Irish population—one case fatal, and one case in a respectable family in Park-lane.

M. Nelaton.—The credit which this eminent French surgeon has gained for his country and for himself, by his correct diagnosis and successful treatment of Garibaldi's wound, has prompted the workmen of Paris to offer him the nomination of a member of the Chamber of Deputies. The following reply, which he made, shows such good common sense, that high as we es-

teemed his surgical ability we find our confidence in it further increased; for one who shows such good judgment in the affairs of life must have the same in the province of his profession. We trust the lesson it affords, moreover, may not be entirely lost in this country, however novel such a course might be.

"Gentlemen,—I feel much gratified at the step you have taken, but I must confess that it astonishes me as much as it does me honour. I do not well see how my knowledge of surgery can have made you imagine that I am qualified for the mission with which you wish to invest me, or how I should have suddenly become a political economist, a financier, and a legislator, because I have discovered the presence of a ball in the foot of a wounded man. If the object in view were to appoint me surgeon to the Chamber, that would be a different affair; but the business of a Deputy is what I have never learnt in Hippocrates, and for which, to speak frankly, I have no taste. I am even convinced that the affairs of the country would not go on better, and that my patients, being neglected, would fare the worse. I must, therefore, while thanking you for what you have done, declare that you propose to me an honour which it is impossible for me to accept."

Rose-coloured Teeth.—Prof. MORITZ HEIDER, of Vienna, relates that two girls (twins), who were placed under his care, had teeth of a peculiar rose-colour. On the shedding of the first teeth, the permanent set also appeared of the same rose-red colour, and only paled off after some years, never losing the reddish tint entirely. This appearance is difficult to account for, as no other members of the family shared the same peculiarity, nor was there any difference in the mode in which they were brought up.

Illegitimate Births.—The illegitimate births per annum, in London, is 4 per cent.; in Paris, 33 per cent.; in Brussels, 35 per cent.; in Munich, 48 per cent.; and in Vienna, 54 per cent.

The Registrar General of Antigua reports that during the quarter ending Sept. 30th, last, there were 194 births, of which 100 were illegitimate. The number of deaths during the same quarter was 460.—*Lancet*, Jan. 10, 1863.